

MARYLAND BOARD OF PHARMACY

4201 Patterson Avenue
Baltimore, Maryland 21215

PHARMACY EXPERIENCE AFFIDAVIT

(Please Fill In All Blank Spaces)

State of _____; County or City of _____

I, the undersigned, hereby certify that I am a licensed Pharmacist in the State of _____, Certificate No. _____; and that
(Supervising Pharmacist)

_____, received practical pharmacy experience as follows:
(Applicant's Name)

HOURS OF EXPERIENCE

From _____ to _____ # of Weeks _____ x Hours per Week _____ = Hours Earned

From _____ to _____ # of Weeks _____ x Hours per Week _____ = Hours Earned

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From _____ to _____ # of Weeks _____ x Hours per Week _____ = Hours Earned

From _____ to _____ # of Weeks _____ x Hours per Week _____ = Hours Earned

From _____ to _____ # of Weeks _____ x Hours per Week _____ = Hours Earned

TOTAL HOURS reported on the form: _____

I, _____, do solemnly swear or affirm, under the penalties of
(Supervising Pharmacist)
perjury, that I have personally completed this form to the best of my knowledge and belief, that I understand that perjury on this form will constitute grounds for revoking any license issued which uses this form as a supporting document.

SIGNATURE: _____
PHARMACY: _____
ADDRESS: _____
CITY/STATE/ZIP _____

IMPORTANT NOTICE: This affidavit must be notarized and submitted with the APPLICATION FOR EXAMINATION AS A PHARMACIST or the APPLICATION FOR REINSTATEMENT